

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**950**  
APPLICANT(S)

FILING DATE  
**3-30 9-22-92**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2		4		
4		2		4		
5			1			
6			1			
7				2		
8				2		
9				2		
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TOTAL IND.	1		3			
TOTAL DEP.	5		16			
TOTAL CLAIMS	6		19			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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